

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Johnson, Bob - Council Member		RECEIVED 2011 AUG -9 AM 7:40 CITY CLERK CITY OF LODI	California Form 803 For Official Use Only
Agency Name			
City of Lodi			
Agency Street Address 221 West Pine Street, Lodi, California 95240			
Designated Contact Person (Name and title, if different) Randi Johl, City Clerk		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 209-333-6702	E-mail (Optional) rjohl@lodi.gov	Date of Original Filing: <u>August 9, 2011</u> (month, day, year)	

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

AT&T Services, Inc., Kathy McKim - Vice President External Affairs North/Central

Name

1215 K Street, Suite 1110

Sacramento

CA

95814

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Lodi Sister City Committee

Name

Post Office Box 1122

Lodi

CA

95241

Address

City

State

Zip Code

4. Payment Information (Complete all information.)Date of Payment: August 5, 2011
(month, day, year)Amount of Payment: (In-Kind FMV) \$ 5,000
(Round to whole dollars.)Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: _____

50th Anniversary Celebration of the Kofu, Japan - Lodi, California Sister City Relationship

5. Amendment Description or Comments**6. Verification**

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on August 9, 2011
DATE

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Clear Form

Print Form